



State of Rhode Island
Department of Business Regulation



DIVISION OF BANKING
FINAL ANNUAL REPORT

DEBT MANAGEMENT PLAN LICENSEES

FOR THE PERIOD FROM JANUARY 1, 2004 THROUGH THE DATE OF TERMINATION OF BUSINESS

Pursuant to Section 22 of Chapter 14 of Title 19 of the General Laws of Rhode Island, each licensee must file this Annual Report ("Report"). The information contained in this Report is, unless otherwise noted, **available to the public** pursuant to The Rhode Island Access to Public Records Act (R. I. Gen. Laws § 38-2-1 *et seq.*).

License Number # _____

Name of Licensee **as it Appears on the Main Office License** (include d/b/a if applicable)

Street, City, State, Zip Code (**Address as it Appears on the Main Office License**)

NOTE: The Financial Statement of Condition and Statement of Income and Expenses must be prepared in accordance with Generally Accepted Accounting Principles and must be attested to by: 1) in the case of a **Corporation or Limited Liability Company**, the **President or Treasurer**; 2) in the case of a **Partnership**, by a **General Partner**; or 3) in the case of a **Sole Proprietorship**, by the **Owner**.

I, _____
(Type Name & Title of Authorized Officer)
of the named licensee do hereby declare that the Financial Statement of Condition and the Statement of Income and Expenses, including any supporting schedules, provided with this Report have been prepared in accordance with Generally Accepted Accounting Principles and are true and accurate to the best of my knowledge and belief.

Signature of Authorized Officer

Date of Signature

The Licensee may be subject to late filing penalties in accordance with R. I. Gen. Laws § 19-14-22 at the rate of twenty-five dollars (\$25) per day and/or examination fees pursuant to R. I. Gen. Laws § 19-14-23 if an incomplete Report is submitted.

NOTE: The accuracy and correctness of this Report must be attested to below by: 1) in the case of a **Corporation or Limited Liability Company**, at least **two (2) Members of the Board of Directors** (if no directors, other similar officers); 2) in the case of a **Partnership**, by at least **two (2) Partners**; or 3) in the case of a **Sole Proprietorship**, by the **Owner**.

The penalty, upon conviction, of filing any false entry in the Report is a maximum of \$50,000 and imprisonment for up to twenty (20) years.

We, the undersigned, have examined the contents of this Report and attest to the completeness, accuracy and correctness of this Report.

Signature of Director Date

Signature of Director Date

Signature of Partner Date

Signature of Partner Date

Signature of Owner Date

Signatures must be notarized on Page 9 of the Report

The Licensee must file the completed Report (**9 of 9 pages**) for receipt by the Division of Banking, at 233 Richmond Street, Suite 231, Providence, RI 02903-4231 on or before **March 31, 2005**. This Report is a time sensitive document. **The Report should be immediately forwarded to the person(s) responsible for its completion and filing.**

Schedule A¹ – Rhode Island Licensed Activity as of the date of termination of business²
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1. License Number # _____

2. Are Licenses and Branch Certificates enclosed? Yes _____ No _____

If “NO”, include a written statement that attests to the fact that the Licenses and Branch Certificates have been lost or misplaced.

3. Provide the information requested below for debt management plans outstanding, if applicable, as of business termination date.

Part One – Information on Plans Outstanding

<u>Number of Plans Outstanding</u>	<u>Aggregate Dollar Amount of Debtors’ Funds on Hand</u>	<u>Aggregate Balance of Debtor Obligations Under Management</u>
# _____	\$ _____	\$ _____

Part Two – Information on Rhode Island Debt Management Plan Licensee to whom the plans were transferred

Name	_____
Street Address	_____
City, State Zip Code	_____
Rhode Island License Number	_____
Contact Person	_____
Telephone Number of Contact Person	_____
Date that plans were transferred	_____

¹ Schedule A may be reproduced if additional space is necessary.

² Include only Rhode Island licensed activity.

Schedule B - Miscellaneous Information as of the Date of the Filing of This Report

1. Provide the Name of the Surety/Insurance Company that issued the Bond along with the Bond Number and Bond Amount for each Bond in effect as of the filing of this Report.

a) Surety/Insurance Company (not agent) _____
License Number _____ Bond Number _____ Amount \$ _____

Licensees are reminded that they must have adequate bonding in accordance with R. I. Gen. Laws § 19-14-6. Failure to have such bonding on file with the Division may result in the revocation or suspension of the license until such time as proper bonding has been acquired.

2. Provide the name, address and telephone number of the attorney (**other than the manager or an official of the licensee**) or company **in Rhode Island** who will accept service of process pursuant to R. I. Gen. Laws § 19-14-10:

Name _____
Street _____
City, State & Zip Code _____
Telephone Number _____

3. Provide the name, address, telephone and fax number of the custodian of the records for the canceled license.

Name of Custodian of the Records _____
Street _____
City, State & Zip Code _____
Telephone Number (**toll free** if applicable) _____
Fax Number _____

4. Provide the address, telephone and fax number of the location of the records for the canceled license(s).

Street _____
City, State & Zip Code _____
Telephone Number (**toll free** if applicable) _____
Fax Number _____

5. Provide the name, title, telephone and fax number of the individual authorized to respond to questions about this Report:

Name _____
Title _____
Telephone Number (**toll free** if applicable) _____ Fax Number _____
E-mail Address _____

6. Provide the date of termination of business under the Rhode Island License _____

WHERE INSUFFICIENT SPACE IS PROVIDED TO SET FORTH THE FACTS ADEQUATELY, ATTACH A SCHEDULE INDICATING THE DETAILS.

Schedule C - Report Filing Fee Calculation

Enter the License and Branch Certificate Number, **including the two-letter License suffix (i.e. DM, as well as the Branch suffix (i.e. B01, B02, B03, etc.)** for the License and Branch Certificate being surrendered by the licensee.

License Number # _____

Branch Certificate Number(s) # _____ # _____ # _____

_____ # _____ # _____

a) Number of License and Branch Certificate Numbers entered above # _____

b) Filing fee per License and Branch Certificate \$5500

c) Total Report Filing Fee (a x b) \$ _____

CHECK MUST BE MADE PAYABLE TO

“GENERAL TREASURER - STATE OF RHODE ISLAND”

PLEASE NOTE: CHECKS WITH THE INCORRECT PAYEE WILL BE RETURNED

Return The Report Along With Check

To

Department of Business Regulation

Division of Banking

233 Richmond Street, Suite 231

Providence, RI 02903-4231

Please contact State Chief Bank Examiner , Steven L. Cayouette , at (401) 222-5429 or scayouet@db.state.ri.us or Systems Analyst Lucy Ponte at (401) 222-2405 or Lucy_Ponte@db.state.ri.us if you have any questions related to the filing of this Report. The Division prefers to respond to questions in advance so licensees may avoid annual license fee and Report filing delays and the penalties associated with the filing of an incomplete or inadequate Report.

Late Filing Penalties Are Twenty-Five Dollars (\$25) Per Day For The Delayed Filing Of The Report And An Additional Penalty Of Twenty-Five Dollars (\$25) Per Day Per License And Branch Certificate For The Late Payment Of The Annual License Fee.

Schedule D - Notary

This schedule is to be used to satisfy the signature witness requirement of the Report filing. The directors, partners, or sole proprietor signatures, whichever is applicable, appearing on page 1 of this Report are to be witnessed on this Schedule.

State of _____

County of _____

In _____ in said County on the _____ day of _____ 20____
before me personally appeared _____, known by me to be the party executing the
foregoing instrument, on behalf of _____ (“Licensee”)
(Name of Licensee)

and he/she acknowledged said instrument by him or her executed to be his or her free act and deed and the free act and deed of said Licensee.

SEAL

Notary Public

State of _____

County of _____

In _____ in said County on the _____ day of _____ 20____
before me personally appeared _____, known by me to be the party executing the
foregoing instrument, on behalf of _____ (“Licensee”)
(Name of Licensee)

and he/she acknowledged said instrument by him or her executed to be his or her free act and deed and the free act and deed of said Licensee.

SEAL

Notary Public